EPA 5: Management of Neonatal Care Systems

Supervision Scale for This EPA

1. Trusted to participate only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with supervisor occasionally present to provide advice
4. Trusted to execute without supervisor present but requires coaching to improve member and team performance
5. Trusted to execute without supervision to improve member and team performance

Description of the Activity

Managing the systems of health care delivery for NICU patients is a challenging but critical activity for the neonatologist. The focal components of this professional activity build upon those of managing the care of a single infant/neonate, such that the learner demonstrates skill at prioritizing the needs of a NICU population, assessing the needs of patients moving in and out of the NICU (including but not limited to transport, labor and delivery, OR radiology, discharge), and collaborating with a complex set of professionals necessary to maximize the safe and effective care of a NICU population.

The specific functions which define this EPA include:

1. Fluidly assessing the needs of a NICU population with changing acuity and census to optimize outcomes for all
2. Prioritizing deployment of resources (transport, beds, nursing, front line clinicians, etc.) to those patients with the highest acuity and/or most pressing needs
3. Developing a utilization plan that incorporates the prioritized needs of individual patients, the composition, and capabilities of personnel with the care environment (NICU, transport, delivery room, OR, radiology suite, etc.), and the needs of parents and family support
4. Delegating responsibilities appropriately to other qualified members of the care team when necessary.
5. Recognizing limits and asking for help
6. Communicating utilization and deployment plans to personnel in a succinct and timely manner that contributes to the effectiveness of the utilization plan
7. Anticipating the potential for sudden changes to the NICU system and developing contingency plans to account for and adapt to predictable changes in acuity and/or census

Judicious Mapping to Domains of Competence

✓ Patient Care
✓ Medical Knowledge
Entrustable Professional Activities
EPA 5 for Neonatal-Perinatal Medicine

Practice-Based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
✓ Systems-Based Practice
✓ Personal and Professional Development

Competencies Within Each Domain Critical to Entrustment Decisions*

| PC 2: | Organizing prioritizing responsibilities |
| PC 3: | Transferring care |
| SBP 2: | Coordinating care |
| SBP 5: | Working in interprofessional teams |
| PPD 6: | Providing leadership to improve care |

*RBased on original Pediatrics Subspecialty Milestones ©2015 ACGME/ABP. All rights reserved.

Context for the EPA

**Rationale:** Neonatologists must be able to anticipate and manage the needs of the entire NICU population to maximize the safe and effective care for individual patients.

**Scope of Practice:** The patient population includes ill term newborns (born after 37 weeks 0/7 days) and premature infants (born before 36 6/7 weeks) from NICU admission until discharge. The scope of practice will require different knowledge and skill sets that vary with the patient populations encountered in level 1, level 2, level 3, and level 4 NICU settings. The neonatologists will need to modify approaches as applicable in each of the differing environments to optimize care for that patient population.